

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046422 (9)

1. Corporation Name
CLC, INC.



Principal Place of Business: 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256
Mailing Address: 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report: 02/22/1995
4. FEI Number: 59-3261535
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

COGGIN, LUTHER W
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COGGIN, LUTHER W	
STREET ADDRESS	7400 BAYMEADOWS WAY, STE. 200	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	COGGIN, BLANCHE B	
STREET ADDRESS	7400 BAYMEADOWS WAY, STE. 200	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TOMM, C. B.	
STREET ADDRESS	7400 BAYMEADOW WAY, STE., 200	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GALLAGHER, WILMA S	
STREET ADDRESS	% 7400 BAYMEADOWS WAY, STE. 200	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Nancy D Noble
53 STREET ADDRESS	7400 Baymeadows Way, Suite 200
54 CITY-STATE-ZIP	Jacksonville FL 32256
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Linda Marloff
63 STREET ADDRESS	7400 Baymeadows Way, Suite 200
64 CITY-STATE-ZIP	Jacksonville FL 32256

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wilma S Gallagher Sec. 1-17-96 904-780-2464
WILMA S GALLAGHER Sec. DATE: DAY: TIME: PHONE #

CR2E034 (12/95)